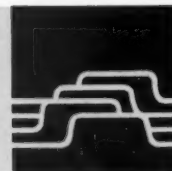


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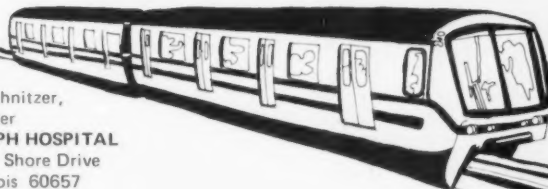
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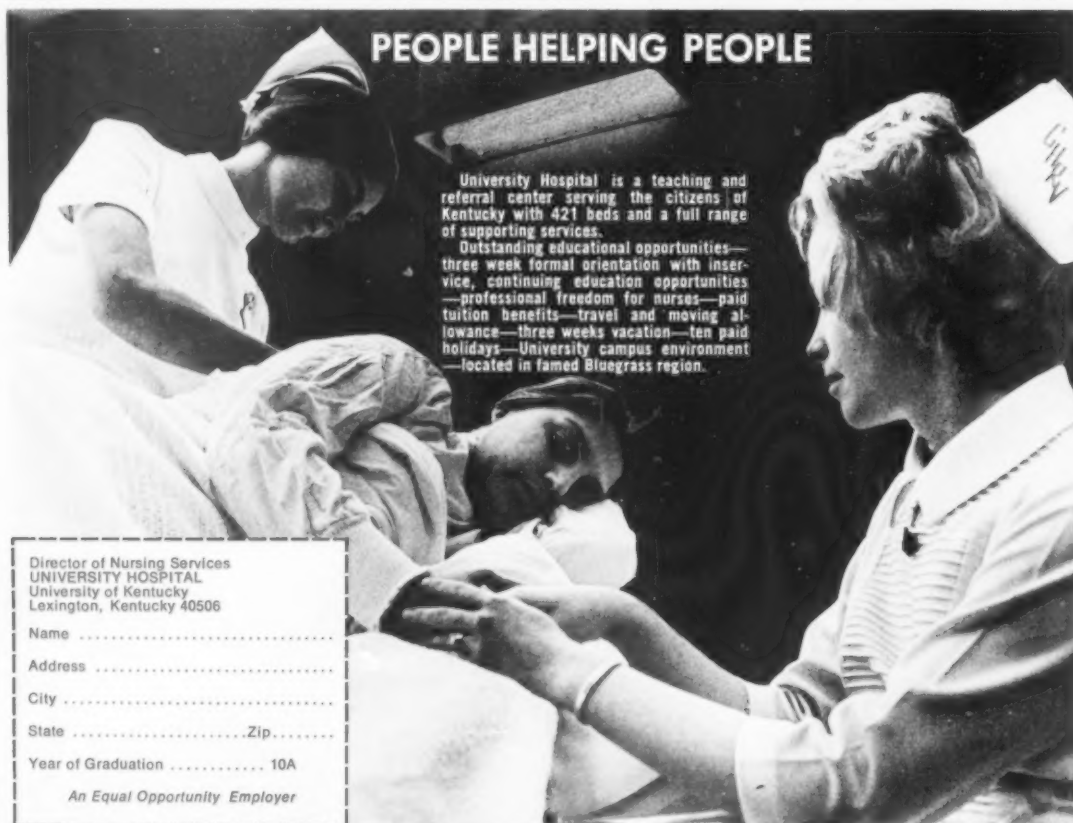
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I certify that the statements made by me above are correct and complete.

(signed) James A. Clements, Publisher

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January through December, 1975

Vol. 38, Nos. 1-12

Each listing shows title of major article (asterisked) or short item, date of issue, and page number. Back copies of *RN* may be purchased, while the supply lasts, at \$1.00 each.

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Nightmares can be sign patient awakened in OR

Psychiatrist Richard S. Blacher of Tufts University has encountered six patients who experienced nightmares or anxiety after surgery that disappeared when it was suggested that they had awakened during the operation.

Five of the six had nightmares in

which they felt tied down or unable to move. The sixth didn't have dreams, but complained of marked anxiety and was haunted by memories of snatches of the surgical experience.

None of the six received any support or explanation of this phenomenon immediately before or after the operation. OR person-

nel were unaware that they had awakened.

"Perhaps the best measure for resolution of such trauma," says Dr. Blacher, "is an awareness on the part of nurses and physicians that the condition may exist, since a simple discussion of the matter with the patient invariably serves as a cure, in our experience."

OR/ED SUBJECT INDEX

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In the treatment of burn wounds over extensive areas of the body, the serum sulfa concentration may approach adult therapeutic levels (8-12 mg %). It would be advisable to monitor serum sulfa concentrations. Renal function should be carefully monitored and the urine should be checked for sulfa crystals.

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Dosage and Administration: Apply with sterile, gloved hand to burn area. Apply once to twice daily. Reapply to any areas from which it has been removed by patient activity. Administration may be with or without dressings.

Reduction in bacterial growth after application of topical antibacterial agents has been reported to permit spontaneous healing of deep partial thickness burns by preventing conversion of the partial thickness to full thickness by sepsis. However, reduction in bacterial colonization has caused delayed separation, in some cases necessitating escharotomy in order to prevent contracture.

Treatment should be continued until satisfactory healing has occurred or until the burn site is ready for grafting. The drug should not be withdrawn from the therapeutic regimen while there remains the possibility of infection except if a significant adverse reaction occurs.

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